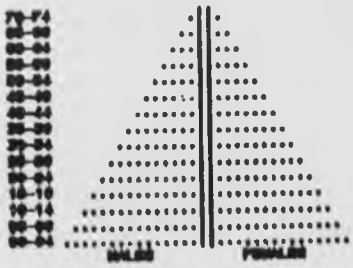

WORKING PAPERS IN DEMOGRAPHY

CHILD-SPACING IN LESOTHO

by
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FOREWORD

In this paper Mr. Makatjane has researched traditional child-spacing practices in Lesotho, and the socio-economic changes that have affected these practices. In addition, he has attempted to outline the future prospects for child-spacing in the country and their implication for population growth and infant mortality. All those interested in population welfare in Lesotho (especially planners and policy makers) will find this paper useful.

As you read this paper, we request you to take seriously our request for contributions from you to this series of Working Papers in Demography. Research Papers on population topics and related issues will be accepted for consideration. We look forward to hearing from you.

I. Sembajwe
Demography Unit

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The author is, however, responsible for the mistakes occuring in the script as well as the ideas expressed in it.

Table of Contents

List of Tables

1.0: THE SETTING

1.1: INTRODUCTION

Anthropologists are agreed that child-spacing is a practice which has been traditionally sanctioned in all known traditional societies. This practice was accompanied by the existance of cultural norms which regulated it. Among others we can mention such practices as prolonged breast-feeding, as well as postpartum taboo authorizing sexual abstinence for the mother after each birth or sexual abstinence after husband's death. These practices date as far back as before the arrival of the Colonial administrators and western missionaries, doctors and anthropologists in sub-Saharan Africa (R. Schoenmaeckers et. al. 1981:25).

Much as child-spacing is quite important as an area of study, little is known about it. Current literature shows that postportun taboo to make spacing of children at required intervals possible, as well as its correlates, have been recurrent subjects of study and discussion in the anthropological studies. But such studies are very few due to paucity and non-availability of adequate data. Notwithstanding the scarcity of data relating to child-spacing in general, it - child-spacing - can have an important impact on fertility, child health as well as providing differential demographic behaviour.

It is the task of many governments, particularly in the developing nations, to regulate population growth of their countries. For an example, ECA (1984) in its fifth population inquiry among member states found that out of 38 countries which

indicated their perception on fertility, 16 indicated that their present level of fertility is too high and Lesotho is among them (ECA 1984:31).[1] Majority of these governments are trying to reduce the population growth rate to a level which is in phase with the growth rate of the economy. In order to achieve the required population growth the emphasis has been on search for policy variables related to fertility which can be manipulated with the aim of reducing population growth through fertility reduction. Since child-spacing can influence fertility, there is a need therefore for a thorough understanding of the relationship between child-spacing and fertility. This knowledge can be used to manipulate child-spacing intervals in order to reduce fertility which in turn will reduce population growth rate which is the ultimate goal of many governments.

One other reason why child-spacing in general is important as an area of study of population, is due to its beneficial effects on child health. Relevant literature do show that short birth intervals are associated with high rates of foetal wastage, infant and even childhood mortality (R. H. Gray 1981: 93, Page and Lesthaeghe 1981:93). As it can be seen from the results of a research done in India and Canada in table 1, artificially fed infants were found to be more prone to contracting diarrhoeal diseases or suffering from respiratory infections (Grant 1985:96). It is argued that this is so because breast milk is an

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1. In the ECA Report indicated above, out of 16 countries which consider their present fertility to be too high, 10 of them already have explicit population policies on fertility reduction.

ideal infant food providing immuniological protection for infants, and has been found to best satisfy infant's nutritional needs. Thus , breast-fed infants are less likely to develop infections or mulnutrition (ibid 1985:96). A thorough understanding of how child-spacing can help reduce morbidity and mortality is of prime importance for those countries which intend to reduce infant mortality of their countries.

Table 1: Relationship between method of infant feeding and incidences of disease

	Number of cases of disease in 24 months			
	India		Canada	
Ailment	BF	AF	BF	AF
Respiratory infections	57	109	42	98
Otitis	21	52	9	86
Diarrhoea	70	211	5	16
Dehydration	3	14	0	3
Pneumonia	2	8	-	-

Notes: BF = breast-feeding, AF = Artficial feeding
Source: Grant 1985: State of the worlds children 1986 p. 96

Most governments, particularly in the developing nations - Lesotho inclusive - are aiming at reducing the incidence of morbidity and mortality as well as achieving health for all by the year 2000. This contention is also confirmed in the ECA report of the fifth inquiry among ECA member states on perceptions and policies on demographic trends in relation to development as of 1982. ECA noted that out of 39 countries which replied the inquiry, 35 are of the opinion that the present conditions of health and level of mortality are unacceptable (ECA 1984 : 2).

There does not seem to be an explicit population policy existing in Lesotho. However, there is no doubt that decision

makers are disturbed by rapid population growth. This can be deduced from the words of the former Prime Minister of Lesotho the Right Hon. Dr. Leabua Jonathan when opening the National Population Symposium in 1974.[2] He hypothesised that the population of Lesotho cannot, and should not, be permitted to increase indefinitely given the finite limit to the land and natural resources at her desposal. He went on to arque that if the participants found the hypothesis to be valid during their deliberations, time to take adequate corrective measures was due.[3] This was followed by a number of recommendations aimed at reducing the rate of population growth and these recommendations were also endorsed by the delegates of the "1979 National Conference on Population Management as a Factor in Development Including Family Planning".[4]

Soon after the 1974 symposium the government committed itself in its Second Five-Year Development Plan for 1975/76 to 1980/81 to the target of reducing the annual growth rate of the de jure population from 2.2% to 2.0%.[5] Unfortunately the picture for Lesotho is getting no better. The 1986 population census preliminary results have given an estimated growth rate which is getting higher rather than reducing. While the 1966-76 intercensal growth rate was 2.3%, for 1976-86 the rate is 2.6%. Probably one should not have expected any decline in the growth rate since there were no explicit programmes or government

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2. Population Symposium Report p.6.
3. Ibid p.6.
4. See Population Symposium Report p.14 for 1974 Recommendations.
5. Lesotho Second Five-Year Development Plan p.197.

interventions aimed at achieving the target of reduced population growth. It would seem imperative therefore for the governement of Lesotho to implement intervention measures in order to achieve the target of reducing the population growth rate to 2.0% per annum.

There are theoretical mechanisms through which spacing of children can affect the total number of children an individual woman can have throughout her reproductive period. To begin with, there is a fixed interval within which child-bearing can take place, normally between the ages of 15 and 49 inclusive. Assuming no other factors affecting fertility are in operation except child-spacing, the following can be stated. Theoretically speaking, it is possible for a woman to give birth to a live birth every year. This implies that between the ages of 15 and 49 inclusive, a maximum of about 34 live births can be expected.

According to Bongaarts (1978) if all restrictions on fertility were absent, women could bear a child approximately once every ten months. "Over a reproduction period of thirty years this would imply a total of 36 children per woman, even ignoring confinments resulting in multiple births" (Bongaarts 1981:113). But if spacing of a few years between births is imposed, then the expected number of live births becomes smaller. It can also be shown that the longer the interval between births the fewer the expected maximum number of live births an individual woman can give birth to during her reproductive period.

1.2: OBJECTIVES OF THE PAPER

This paper aims at studying child-spacing practices in Lesotho over time. Starting from the traditional practices, the study looks at the functions of child-spacing and how it was achieved traditionally. The study also looks at later developments in child-spacing practices in Lesotho or how modernisation has influenced child-spacing in Lesotho.

In the process it is investigated as to how variables such as education, labour migration, and others, have influenced child-spacing practices and what role they are likely to play or how manipulations of these variables are likely to affect child-spacing practices in the future. Lastly an attempt is made to assess the possibility of using child-spacing as a mechanisim through which the government of Lesotho can achieve its objective of reducing the de jure population growth rate to 2% per annum as stated in the Second-five year development plan as well as reducing infant and childhood mortality.

1.3: HYPOTHESIS

It is hypothesised in this paper that child-spacing practices have changed in Lesotho. Specifically, spacing interval between births is becoming shorter and not many people are still observing the sexual abstinence taboo when breast-feeding. The main underlying assumption for the hypothesis is that western education has influenced people to challenge the traditional taboo meant for child-spacing - i.e breast-feeding mothers should not cohabit or else breast-feeding infants will be mulnurished -

because it lacks scientific foundation. It is also hypothesised that, traditional methods of achieving child-spacing are being replaced by modern ones and education is the main catalyst in influencing people to shift from traditional to modern methods of achieving child-spacing.

1.4: SOURCES AND LIMITATIONS OF THE DATA

Only secondary data is used for the study. For traditional child-spacing the study relies on the old writings about Lesotho. Specifically, the main writings which have been used are the works of Ashton(1967), Widdicombe(1895), Martin(1903), Sekese(1893) and Seqoete (1915). For current practices of child-spacing in Lesotho, three studies have been used. These are " The 1977 Lesotho Fertility Survey" by Bureau of Statistics (1981), "Attitudes of Family planning in Lesotho" by Lesotho Distance Teaching Centre (LDTC) (1977), and " Male Attitudes to and Resposibilities in Family Planning in Lesotho" by Clarke (1984).

The data has some limitations. Although for traditional child-spacing serious problems might not arise, the data are narations of what the situation was in Lesotho at the time of the authors' writing and might have problems of representativeness. The author might be talking about people in one village in a particular district and then generalize that this applied to the whole of the Basotho nation. One only hopes that the authors did not live in one part of the country which will render their information representative of the Basotho nation. It might be worth mentioning that the authors are agreed in most things regarding the life style of the Basotho although they might

differ in the way they explain why certain things were the way they were.

The studies about the current practices of child-spacing in Lesotho mihgt have serious problems. As such one has to interpret the results with caution. There are no reservations with the 1977 Lesotho Fertility Survey data as far as the sample size and representativeness of the results are concerned. With the other studies there are reservations with the sample size and representativeness. For instance, the study by LDTC had a sample size of 372 which is too small to be representative of the whole of Lesotho. Hence the responses might not be representative of all the sections of the population in the country. It is also mentioned that information from one interviewer was discarded on the basis that there were large differences between the two sets of data and the data from the more experienced interviewer was retained (LDTC 1977:4). This could have easily brought bais in the results.

The same problem of sample size is encountered in the study by Clarke although his study is better than the study mentioned above. Regarding representativenes of the sample, there are indications of overrepresentativeness of some sections of the population. According to the 1976 Lesotho population census, the distribution of males by educational status is such that only 7% of the males have completed standard eight or above(1976 Population Census Tables page 52)[6] while the proportion of males

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6. Standard 8+ means secondary and post secondary while degree and diploma are a small fraction of post secondary.

with degree or diploma education from Clarke's study is 17%. However, the contribution of the studies in the body of knowledge regarding child-spacing is highly appreciated and the results were of great value for the present study dispite some of the inherent problems in the data.

Before the presentation of the data and the results, a brief description of the Basotho; their tradition, norms, culture and any background information relating to the subject under discussion is first given. This is necessary for a better understanding , and more meaningful interpretation of the results.

1.5: BACKGROUND INFORMATION TO THE STUDY

Traditional attitudes of the Basotho centre around recognition of the influence of the dead. Ancestors are believed to directly influence descendants whose abligation is to care for ancestors. Through payment of homage descendants retained ancestors' protection.[7] It is through the traditional medicine-men that ancestors controlled descendants. When an individual fell sick or the whole society was attacked by an epidemic, the expertise of the medicine-man was sought. The medicine-man would tell if the sickness was due to negligence of some of the

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7. According to Widdicombe " Basotho worship the spirit of their ancestors. They believe the spirits of their ancestors interfere in their daily life and influence their destiny and accordinly they endeavour to worship them with prayer, incanations and sacrifices" (Widdicombe 1895:70-71).

obligations of the person or the society to the ancestors. Hence instructions would be given in order to cure the sickness.

Traditionally great importance was attached to virginity. Every woman was expected to be a virgin until the "bridal night" when consumation of marriage was expected to take place. Due to the importance attached to virginity, parents started in the early stages of their duaghters' development to socialize them to propriety. As soon as they reached the age of puberty, particularly after the first menstruation which was demonstrated by a ceremony, social contacts with male non-relatives were highly restricted and late night outings were strictly forbidden. Independent checks by village women were also done on girls regarding whether they were already involved in pre-marital sexual intercourse.

In the absence of supporting evidence, the fact that laws against pre-marital sexual intercourse with a fine of six heads of cattle existed in the past gives one the impression that pre-marital sexual intercourse did take place among unmarried boys and girls. According to Sekese pre-marital sexual intercourse never took place during traditional times but it came with growth of the population (Sekese 1978:30). There are some old people in the society to-day who blame christianity for increasing incidences of pre-marital sexual intercourse. Their argument is that whereas traditionally old women could check whether girls had experienced pre-marital sexual intercourse so that those who were misbehaving could be dealt with accordingly, christianity abolished the practice without putting anything in its place.

Presently there are indications that pre-marital sexual intercourse takes place in Lesotho. From the 1977 Lesotho Fertility Survey data, of all the women who first married at least five years before the survey, about 10% of them had negative or between zero and seven months intervals between marriage and first birth. This is an underestimation of the incidences of pre-marital sexual intercourse because, the 10% does not include the never married women whose parity was estimated at 0.32 children ever born per woman. (Bureau of Statistics 1981:80-84). Moreover the statistics quoted above is limitted to only pre-marital sexual intercourse which resulted in a live birth.

When a son of a marriageble age or status had shown the father that he wants to get married, the father in consultation with the relatives identified a bride for him. If the bride's parents were also agreeable with their daughter, preperations for the marriage were made. Since no formal love proposing was done between the bride and the bridegroom in preperation for the marriage and only the parents were involved, if the bride refused to be married - which was not common in those days - she was forced into agreeing.[8] There is no information on situations where males were against the choice of their parents for the bride. But it is argued though that some men went into polygyny in order to have wives of their choice.

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8. For a discussion of the process of how the boy informs the father that wishes to marry and the reaction of the father see Martin, 1903:80. See also Khaketla in his book "Meokho ea Thabo" with respect to how the girl was forced into agreement to marry a boy she did no know.

When the traditional ceremonies were over and the bride first slept with the bridegroom, the bridegroom was to find out if the bride was still a virgin. If the bride happened not to be a virgin, the bridegroom had to show his parents that the bride was no more a virgin. The parents of the bride were notified and the bride was returned and another bride was identified in her place.

Basotho also attached great importance to the birth of children. The obligation of the descendants was to ensure perpetuation of the family line. This was done in order that ancestors are not forgotten in the future by keeping the lineage. Furthermcre, children were named after the ancestors so that ancestors names would not be forgotten (Sekese 1978:39). Lastly, due to partrilineal nature of the Basotho society, more importance is given to the birth of male children and the central theme of marriage is to add more members to the lineage.

A number of reasons responsible for the great importance attached to procreation can be suggested. The political and partly economic situation prevailing at the time of the formation of the Basotho nation and thereafter, accentuated the emphasis placed upon the procreation of children portrayed by sociological evidence. Although Lesotho (then Basutoland) got protection from the British administered from the Cape, Basotho were still engaged in fighting and strugling for survival. One example is the 1880 Gun War. The war broke out as a result of the 1878 Disarmament Act, which ordered all Non-Europeans administered from the Cape to surrender weapons they owned. This aroused disatisfaction among Basotho (Ashton 1967). Because of such wars

it was necessary that men lost in battle should be replaced. Herding of livestock and earning of wages to provide support for parents in their old age by boys, and performing household tasks and bringing in *bohali* (bride-wealth) by girls at their marriage, dictated consideration of children as economic assets.

Measures, through customary and legal procedures were designed to ensure the objective of the high demand for children. Incentives such as additional number of fields for extra wives encouraged polygyny which was viewed as an index of a man's wealth and prestige. This assured a man a son who would be his heir, and thus perpetuate the man's lineage.

Where for one reason or another a marriage proved childless, a number of devices were available to help resolve the problem. It was common practice for the husband to acquire another wife if the first wife proved childless. Sometimes, if it so happened that a polygamist's senior wife had no son, or was completely childless, then the husband would take a further wife as a "seed-raiser" *(Mala or Mahetla-Thebe)* to bear children in the name of the senior wife. In this manner the seniority of the barren wife was preserved because if the seed raiser gave birth to a baby boy, the boy became the first son of the senior wife and therefore the heir.

" Ghost-marriages" were to compensate forces of mortality. A father could lose a son before the son was ready to get married. Hoping to maintain the link between the ancestors and descendants, he would pay *bohali* for a wife for the late son. Upon the arrival of the bride the father appointed a relative to cohabit with her. *Lebitla* - a marriage " to the grave " - was

the name given to such marriages . Marriages known as *Seantlo* came in when the wife who had sister(s) died childless. Here the husband went to the wife's family asking to be given her sister in marriage in her place. Similarly, when the husband died leaving a young wife, his younger brother legally inherited the widow(s) and took over his late brother's rights in terms of *kenelo* custom. In the case of a polygamous husband dying, either the young brother or senior son by senior wife legally took over the dead man's rights with younger wives through the same *kenelo* custom

Similar and closely related to *lebitla* marriages were marriages known as *lebota* - a marriage " to the wall". Here the father in pretence that he had a son, paid *bohali* for a wife for a fictitious son. As in the case of the *lebitla* marriage, upon arrival of the bride, the father appointed a relative to cohabit with her. However, the end result was one - that of adding members to the man's lineage.

Besides forces of mortality there were other factors which were enemies of procreation. Sterility is one of them. Basotho believed that failure to concieve could be purely mechanical whereby the semen does not reach the womb and so is ineffective. Secondly conception might not take place due to promiscuity. It was believed that this would result if the woman had sexual intercourse with different men before her womb "closed" and their semen strugle for sole possession of the womb until all of them were rejected so that no fusion with the womb took place (Ashton 1967). Otherwise conception would fail to take place due

to bewitchment or failure to observe certain taboos which would render a woman or man infertile if not observed (Mokitimi 1979).

There is no doubt most of the pro-natalistic tendencies mentioned above have died their natural death in Lesotho. The presence of missionaries in the country since 1833, who among other things started formal schools, has contributed a lot to the decline or total abandonment of marriages such as *lebitla, kenelo, seantlo,* etc.. Moreover, formal schools replaced traditional schools where most of the customs and attitudes of the nation were taught. For instance, while traditionally females were taught to accept polygamy, *kenelo* customs etc., by the missionary teaching this is unacceptable (see Widdicombe 1895 on polygamy and decline of polygyny over time in Lesotho in Table 2).

Table 2: Proportion of Husbands With More than one Wife and Average Number of Wives per Husband by Census Year for Lesotho 1911-1936

Census Year	Proportion	Average No. of Wives per Husband
1911	18.7	1.24
1921	15.8	1.20
1936	11.4	1.14

Source: Kuczynski 1949 Page 31.

Probably it is worth mentioning that introduction of "hut tax" also might have contributed to the decline of polygyny. Traditionally men built a separate hut for every additional wife married. When hut tax was first introduced, it was payble on the basis of the number of huts a man had. As a result men started

putting their wives into one hut in order to avoid tax. Upon realization of this authorities changed the strategy and tax was paid on the basis of the number of wives an individual man had. Furthermore, latest information from the 1977 Lesotho Fertility Survey indicates that polygyny is no more widely practised in Lesotho. Only 9 percent of women who were currently married and aged 15 to 49 reported to be in polygamous unions (Bureau of Statistics 1981: 71).

Most Basotho, nonetheless, still perceive children as economic assets in terms of an insurance for their old age. Probably this is due to the economic situation prevailing in the country, where at any point in time between fourty and fifty percent of the male labour force is working in the mining industry of South Africa, where there are no old age and retirement benefits. However, the society still remain partrilineal and largely male dominated. The birth of a son, who will be the heir and succeed to both the father's property and any hereditary office he may hold, is given high regard. Table 3 on sex preference in Lesotho confirms this conclution.

In the study on "Male Attitudes to and Responsibilities in Family Planning in Lesotho", 91% of respondents of the survey reported that it is important to have a male child (Clarke 1984:13). With respect to reasons advanced as to why one should have a son, 64% of the respondents were of the view that the son would help the family economically. It is interesting to note that economic reasons have become more important than the norms of the society. Whereas according to the custom, as indicated

before, men wanted to have baby boys in order to perpetuate the lineage, only 23% of the respondents wanted sons in order to pepertuate the lineage.

Table 3: Summary of Preferences Regarding Sex of Children.

	Sex Composition		Of currently married fecund non-pregnant women who want another child, the percentage prefering a:-		
	Sons	Daughters	Son	Daughter	undecided
2 Living children	0	2	86.7	1.1	12.2
	1	1	56.0	17.9	26.1
	2	0	7.6	72.0	20.4
3 Living children	0	3	89.7	2.6	7.7
	1	2	78.7	5.6	15.7
	2	1	22.6	63.2	14.2
	3	0	5.6	83.3	11.1
4 Living children	0	4	100.0	0.0	0.0
	1	3	76.2	4.8	19.0
	2	2	45.2	25.8	29.0
	3	1	7.3	78.9	13.2
	4	0	0.0	100.0	0.0

Source: Bureau of Statistics 1981:119 table 6.7

2: FUNCTIONS OF CHILD-SPACING

The Caldwells (1981) are of the contention that there is little satisfactory evidence of conscious limitation of family size in traditional societies. Widespread findings of knowledge and use of indigenous contraceptive practices have frequently been cited in recent years to suggest that the limitation of family size has long been an aim of many traditional societies (Caldwell and Caldwell, 1981: 75). They go on to argue that, it would seem these practices were usually aimed at preventing conception at certain times (or from certain unions) that were

undiserable, such as those that could result from pre-marital or extra-marital relations; where a woman is too young or the relationship is incestuous; where insufficient time has lapsed since the last birth; or where a woman has reached a stage in life where either her age or circumstance such as achieving ground-maternal status means that reproduction should cease, rather than at limiting the ultimate size of the family (ibid, 1981:73).

Among other things which have been cited as evidence of conscious family size limitation, are differentials in fertility (other than those due to pathological causes) between traditional societies (ibid 1981:73). However, the Caldwells are of the feeling that, most differentials can be explained by a number of different pratices such as age at marriage and marriage of widows, different levels of divorce and periods between divorce, different periods of approved child-spacing and different ages for termination of reproduction. (ibid 1981)

Available information does indicate that in Lesotho child-spacing was practised traditionally although not with the intention of controlling births as some authors might want to suggest.[9] As indicated in the backgroud information, a lot of emphasis was put on both prolonged breast-feeding and having many children. It would be contradictory to say child-spacing was meant for birth control when a number of devices were employed to maximize the number of children and to ensure survival and healthy growth of the child before the next pregnancy.

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9. According to Poulter and Others in Law and Population in Lesotho (1981:38), child-spacing practices in Lesotho are evidence of conscious family limitation.

Studies have shown that if a breast-feeding mother gets pregnant the volume of the milk she can produce is drastically reduced (Gray 1981:93-107). This reduction can be dangerous to the health of the child in that immediately after birth the child has not yet developed enough antibodies and has to get them from the mother through the breast milk. It has also been established that the amount of antibodies the child gets are proportional to the volume of milk the breast can produce as well as the frequency of breast-feeding. It is equally true that during pregnancy the woman stores some energy in the form of fat to use during breast-feeding. If the woman falls pregnant while breast-feeding, the amount of energy she has has to be shared between the breast-feeding child and the on coming one. Hence the mulnutrition of the breast-fed child because of not being well fed.

It is clear from the literature that in Lesotho child-spacing was sanctioned traditionally. The main function of child-spacing was to ensure good health of the child. Of paramount importance was the role played by the breast milk in the development of the child. Thus long birth intervals were necessary and encouraged to warrant prolonged breast-feeding. To protect and emphasise the importance of child-spacing and abstinence during breast-feeding, laws existed whereby a man could be fined for having had sexual intercourse with somebody's wife while breast-feeding. According to Sekese(1978:30) the father of the woman was also fined for bad behaviour of his daughter.

Survey of relevant literature of studies on population in

Lesotho have confirmed that Basotho still believe that there are advantages that acrue out of prolonged breast-feeding. The results of the study on " Attitudes to Family Planning in Lesotho" reflected that majority of people feel that there is an advantage to both the mother and the child when long intervals between births are practised. (See table 4 for the results). In a study done in 1984 further inqueries were made regarding what the advatages really were that resulted out of long periods of breast-feeding. About 69% of the respondents indicated that the advantage was the child's health. Specifically, 40% of the respondents were of the view that " the child grows and is healthy and fit", while 29.2% felt that " the child is properly breast-fed and weaned " (Clarke, 1984:26). It is equally possible though that respondents responded this way because they are expected to respond thus according to the norms of the society.

Table 4: Pecentage Distribution of Respondents on Advantages of Child-Spacing by Gender and Adulthood

Child-Spacing Has Advantage	Men	Women	Adult Population
To the Child	75	92	86
To the Mother	56	77	69

Source: LDTC, 1977:26

3: HOW CHILD-SPACING WAS ACHIEVED TRADITIONALLY

Scholars are agreed that in many traditional societies child-spacing was practised long before people bacame exposed to the influence of christianity and modern family planning methods (R.

Schoenmaeckers et, al, 1981:25, Clarke, 1984). Several avenues were available which made child-spacing possible; among which sexual abstinence was the main one. Among others sexual abstinence in Lesotho was achieved through either sleeping arrangements or the practice of return to the parental home for child delivery in the case of the woman and through temporary seperation of spouses through internatinal labour migration since extablishment of mine industry in the Republic of South Africa around the seventeenth century.

According to the Sesotho custom, during the late stages of pregnancy or when the woman gave birth, the woman stopped sleeping in the same hut with the husband, but traditional birth attendents attended to the woman and the child. For a period of about two months and above no grown up male was allowed to enter the hut where the woman and the child were staying. According to Ashton (1967:30) "the period of seclusion lasted two to three months for the first child and less for subsequent children". When the seclusion period was over, the woman resumed her full domestic life although sexual intercourse was still to be avoided and in extreme cases be limited to coitus interrupts until the child was weaned (ibid:30).

While it may appear as if it was understood that breast-feeding mothers had no sexual needs to satisfy, this does not seem to be the case with men. It was undrestood, it would seem, that men had sexual needs which they had to satisfy when their wives were breast-feeding. As indicated above, coitus interrupts had to be resorted to. Over and above coitus interrupts, several socially approved alternatives were also available for men to opt

for in order to satisfy their sexual needs. Through the practice of polygyny, men could satisfy their sexual needs with other wives when one of them was pregnant or breast-feeding. Similarly kenelo practice - where if a polygomous husband died leaving several wives behind, the younger brother was permitted to step into the shoes of the dead brother and take over his rights - also helped. In any case, traditionally women were not expected to show or express their sexual feelings.

The man could also resort to extra-marital relations to satisfy his needs although it would seem that this practice was not socially sanctioned. Information on the subject is unavailable, but two things do testify that extra-marital intercourse did take place among the Basotho. First, the laws agaist extra-marital intercourse testify to the existence of extra-marital sexual relations.[10] Secondly, names given to children are also a testimony. There are names in Sesotho which indicate that the biological father is not the paternal father. The names are names such as "*Makhokolotso, Moramang, Matlakala, Le-botsa-mang,* etc.". (See Mofolo, 1907).

Presently, however, it does not necessarily follow that somebody with any of the names above falls in the category of people whose paternal fathers are not necessarily biological fathers. This is,among others, due to the practice of naming children after their grand parents. Moreover, some of the names

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10. For a through discussion see Sekese, 1978:30, Segoete, 1915:56 and the laws of Lerotholi on the subject.

can have several meanings such as Matlakala to indicate that such a child was born after a child who died.

It is hypothesised in the study that education through western type of formal schooling has played an important role in transforming the attitudes of the society with respect to child-spacing taboo. To begin with, before the introduction of western type of formal schooling children were staying with their parents and they could be taught the norms, laws and values of the society in the family. At later stages children would learn the norms of the society formally through initiation schools.

The western type of formal schooling which differs from the traditional schooling in that it is aimed at teaching the child by means of an organized routine, has replaced traditional formal schooling. Besides replacing traditional formal schooling, it has created communication break down between the parents and the children because it often happens that children have to go to distant places to attend school as boarders or staying with relatives. As such parents fail to continouslly teach their children norms of the society.

When a girl is , for instance, experiencing menstruation for the first time there is a social ceremony which is celebrated traditionally. If the first menstruation takes place when the girl is at a boarding school, the ceremony will not take place. The girl does not only miss the chance of celebrating her first menstrual period, but also does not get the advice from the elders about her maturity and what is likely to happen if she does not keep away from bad conduct of male non-relatives. With

time parents themselves are either not aware of these norms because they were not taught or do not believe in them due to the influence of western education, and their children are consequently never taught.

As a result of social change through education, a lot of traditional practices have been abandoned. Either people's perception has changed or some of the underlying reasons for certain practices have been challenged. This is, however, expected when development takes place within any society.

The first and the formost is the challenge regarding reasons justifying sexual abstinence. The arguments put forward to justify postpartum sexual abstincence have no scientific backing, hence when the society got educated, the justification started to be challenged. The tradition that a breast-feeding mother was not to cohabit since it was believed that the breast milk would become unhealthy for the breast fed child regardless of whether the breast-feeding mother became pregnant or not, is no longer observed by everybody. Moreover, when attending anti-natal clinic mothers are taught that no danger exists in cohabiting while breast-feeding provided precautions have been taken to avoid unwanted pregnancy. It is appreciated, however, that much as traditional societies could not establish scientifically the effects of sexual intercourse on the health of the breast-fed child, they rightly observed that there was some association between indulging in sexual intercourse of a breast-feeding mother and the health of the breast-fed child. Furthermore, it is noted that, few studies have scientifically confirmed this

traditional believe.

As it has already been indicated in the preceeding section of the report, Basotho seem to still attach a lot of importance to long intervals between births. As it can be evidenced in table 5, on the average two to three years seem to be considered an ideal interval between births by many Basotho.

It is also the hypothesis of this paper that, child-spacing intervals are likely changing in Lesotho. Using duration of breast-feeding as an indicator of child-spacing interval, the 1977 Lesotho Fertility Survey results show that on the average breast-feeding lasts for about 20 months (Bureau of Statistics 1981 : 160). This is contrary to what is reported by Ashton and other authors that in the past breast-feeding went on up to 36 months on the average.

Table 5: Percentage Distribution of Opinion Regarding Interval Between Births

Length of Interval	Men	Women	Urban	Rural	Adult Pop.
Less than one year	6	0	3	2	2
one to two years	16	16	18	16	16
two to three years	54	63	58	60	60
three to four years	19	17	15	17	17
more than four years	4	2	4	3	3
Don't know	1	2	2	2	2

Source: LDTC, 1977:11

Ideally traditionaly sexual relations were to resume after weaning the child. Since it was belied that cohabiting during breast-feeding contaminated breast milk, breast fed child was to be weaned immediately if the breast-feeding mother became pregnant. But with aquisition of knowledge that cohabitation

during breast-feeding does not contaminate breast milk, there seem to be mixed opinions regarding resumption of sexual relations after birth among Basotho. The 1977 " Attitutes to Family Planning in Lesotho Survey" results indicate that, of all the respondents and the adult population, majority (41% and 39% respectively) responded that one and half to two and half years is an ideal length of time between childbirth and resumption of sexual relations. Among those who had indicaded awareness of contraception, majority (41%) responded that an interval of more than six months is ideal (Table 6).

Table 6: Responses (%) Regarding Length of Time Between Childbirth and Resumption of Sexual Intercourse

Interval	Respondents Aware of Family Planning Methods	Everyone Else	Adult Popullation
6 months or less	41	11	17
more than 6 months up to 1.5 yrs	0	21	16
more than 1.5 yrs up to 2.5 yrs	27	41	39
more than 2.5 yrs	3	12	10
Don't know	29	15	18

Source: LDTC, 1977:14

It was also suggested that western education plays an important role in influencing breast-feeding practices. Available information indicates that education is negatively associated with duration of breast-feeding. As it can be evidenced in table 7, while the mean duration of breast-feeding for women with no education or primary education is at least 20 months, it is 15 months for women with secondary education or above. It is noted though that information in table 7 could be a reflection of majority of uneducated wives being married to husbands who work

in the mines.

Table 7: Mean Duration of Breast-Feeding in the Last Closed Pregnancy Interval, by Age and Education of the Mother

Education	Current Age Less than 30	30 +	All
No Schooling	17.2	22.0	20.6
Lower Primary	19.1	20.9	20.3
Higher Primary	19.1	19.9	19.6
Secondary +	15.1	15.3	15.2

Note: Table 7 is confined to women with at least two pregnancies whose penultimate pregnancy was a live birth that survived at least 12 months

Source: Bureau of Statistics 1981: 168.

Temporary seperation of husband and wife due to labour migration also made it possible for child-spacing to take place. The husband would go to the Republic of South Africa leaving the wife either pragnant or breast-feeding. Since the mother had no authority to wean the child without the consernt of the father, the child would be breast-fed until the father came back from the Republic to wean the child. According to Martin (1903), during his days in Lesotho (then Basutoland) it was common to come across quite big children who were able to run about and talk quite intellegently still unweaned. When asked the reason for late weaning the mother would reply that "the father has not yet returned from the Republic" (Martin, 1903:96).

Mpiti and Kalule-Sabiti (1985) also observed that in Lesotho young women had longer periods of post-partum abstinence than older women both at national level and for different groups (see

table 8). They argue that Lesotho's situation is not following the norm because " abstinence is associated with social institutions that should have a stronger hold on the older generation than on the younger ones". They went on to suggest that the unexpected behavoiur for Lesotho can be attributable to the separation of men and women through labour migration (Mpiti and Kalule-Sabiti 1985:22).

Table 8: MEAN DURATION OF POST-PARTUM ABSTINENCE (IN MONTHS) FOR THE VARIOUS SUBGROUPS, BY CURRENT AGE OF THE MOTHER (ALL ALIVE BIRTHS.

Sub-group	Current Age of Mother			
Region	15-24	25-34	35-49	15-49
Lowland	15.0	13.4	15.2	14.2
Foothills	15.2	11.9	12.6	13.2
ORV	17.4	13.9	14.4	15.4
Mountains	15.3	16.3	16.0	15.9
Education				
0-4 years	15.2	14.9	14.2	14.8
5-6 years	17.1	13.7	15.4	15.3
7+ years	15.7	12.3	12.5	14.1
Type of Area				
Rural	16.2	13.7	14.9	14.9
Urban	15.3	13.7	8.9	13.4
Lesotho	16.1	13.7	14.1	14.1

Notes: Estimates are by use of prevalence/incidence ratio method due to the small number sizes of some subgroups.
ORV = Orange River Valley
Source: Mpiti and Kalule-Sabiti (1985) page 22 table 19

4: PROSPETS FOR CHILD-SPACING AND THEIR IMPLICATIONS FOR POPULATION GROWTH AND INFANT MORTALITY.

Traditional child-spacing practices are eroding due to social change and modernization. Most traditional practices which made child-spacing practical have died their natural death. For instance, it is rare for husbands to send their wives to their parental homes for delivery of the first child as expected by tradition. In most cases this is a result of non-availability of medical facilities in the home area of the wife. Sending one's wife for delivery to an area where there is no health centre in the vicinity would be gampling with one's wife's life. It is equally true though that some women may prefer to deliver at home other than at a health centre since at home traditional rituals can be performed. It is evident from available literature, however, that Basotho still apire for long intervals of about three years between births on the average although it does not seem feasible though that this aspiration can be easilly achieved in the present circumstances as it will be evidenced in the following paragraphs.

One main traditional practice which made child-spacing practical was sexual abstinence. As indicated in the preceeding sections of the report, the underlying justification for sexual abstinence had no scientific backing. Hence people challenged it as they became more educated. It has also been argued that what seem to be observance of the sexual abstinence taboo is in actual fact a result of separation between spouces through labour

migration (Mpiti and Kalule-Sabiti 1985). It is also evident that presently mainly separation of husband and wife through labour migration, sexual interrupts, rhythm method and modern contraception are the only means at the disposal of Basotho families through which child-spacing can be achieved. In order to assess future prospects of child-spacing, there is a need therefore to consider the adequateness of these methods in their assistance to achieve required child-spacing intervals.

First, sexual interrupts as a method is limited. The risk of a pregnancy occuring when this method is used is very high. As such it is unreliable. Secondly, rhythm method is also unreliable. One is never hundred percent sure of the safe period let alone the inconviniences if one has to rely on the method. The third method is the separation of spouses through labour migration. This method can be very reliable. Available literature suggests that not only was observance of traditional child-spacing practices responssible for child-spacing intervals that existed in the past but even separation of wife and husband through labour migration as well was responsible in achieving required intervals between births (Martin 1903). But now that labour migrants find it easier to visit their families within contracts, coupled with the fact that it is Lesotho government's intention to absorb migrants within the country, it would appear that very soon separation of man and wife through labour migration will no longer be a factor through which children can be spaced accordingly. Lastly, modern contraception is one method which is at the disposal of Basotho families in order to achieve reguired intervals between children. This method is reliable and

has less constraints than the first three. For instance, over time we expect a lot of improvements in this method where present side effects will be eliminated. For a long term solution to the problem of shortening birth intervals this method would seem ideal.

Clarke (1984) concluded that Basotho men opposed contraception due to lack of proper education. He went on to recommend that family planning education should be directed to the men since the main stumpling block in the process of adopting this method would mainly be lack of knowledge particularly of Basotho men. At this juncture one would like to observe as follows:-

(i) the approuch which has been followed in teaching families about modern contraception has been to sell the idea to the women. While one appreciates that this could be attributable to the availability of women and their being within reach, the fact remains that to come to a decision regarding what method of modern contraception to adopt to achieve appropreate birth intervals or even whether to use modern contraception or not, both husband and wife have to be reasonably knoledgeable about modern contraception.

(ii) Most Basotho men work outside the country. As such they strongly object to use of modern contraception by their wives or else that would promote promiscuity. While one would agree that they are justified because they are not within the country most of the time, but when they visit home they do not expect their wives to deny them their conjugal rights regardless of wherether their wives are breast-feeding or not. At the same time it is noted that they are embarrassed when their wives get pregnant while breast-feeding.

(iii) Women can find themselves forced to use modern contraception against their husbands on two grounds. First they would not like to refuse their husbands of sex when breast-feeding since that might strain family relations; particularly when they have been taught that cohabiting when breast-feeding is not dangerous to the health of the breast-feeding child except in a case where a pregnancy occurs. Secondly they are the first ones to be blamed first by the mother-in-law and secondly by the community at large if children are not

properly spaced.

(iv) probably due to norms and attitudes of the Basotho nation as well as their religion which attach a lot of importance to procreation, when modern contraception was first introduced it met with a lot of resistance. It has to be admitted though that, much as people have realised the importance of modern contraception expecially with regard to spacing of children, the purpose of introducing modern contraception in developing nations was for population limmitation.

In the light of the above discussion. the following can be said about spacing of children in Lesotho in the future:-

(i) Of the four methods mentioned above which are currently in operation only sexual interrupts, rhythm method and modern contraception will be at the disposal of Basotho couples in the future. It is apparent that separation of spouces through labour migration will not exist. It is either migrants will be staying with their families in the mines or they will be working in the country.

(ii) To maintain the present birth intervals in the absence of labour migration, modern contraception will have to be adopted, may be as a suplement, since the other two methods can not be relied upon solely. Since it will take some time before men can be adeguately educated to accept modern contraception as a method of child-spacing other than a form of birth control or promotion of promiscuity, it is evident therefore that intervals between births will be shorter.

The implications of such intervals on population growth and infant mortality are the following. Shorter intervals between births mean more children within child bearing period. As indicated in preceeding sections of the report the shorter the interval the larger the possible number of live births that can be given birth to within child bearing period. The muximum estimated number is 36 live births within a year. The implication of this on population is that the population will be growing faster than if the interval between births was long. This will also frustrate the intentions of the government of Lesotho to

reduce de jure population growth rate as inticaded in The National Second Five-Year Development Plan.

Regarding infant mortality it has been observed that short birth intervals are associated with high infant mortality. While one does not believe that infant mortality would be higher than what it is at the moment because of measures taken by The Ministry of Health in collaboration with a number of organization to combut infant mortality, but the process of reducing infant mortality would take longer than it would take if intervals between births were reasonably long. Besides retarding the process of eradicating infant and childhood motarlity, this would make it difficult for the efforts of The Ministry of Health of elliminating infant and childhood motarlity to materialise as fast as expected.

5: CONCLUSION AND RECOMMENDATIONS

5.1: CONCLUTION

Available information indicates that Basotho still believe that children should be spaced. Generally an interval of about two to three years seem to be considered ideal by many people. Statistics also indicates that this belief is held by many Basotho regardless of their background (LDTC, 1977:13) (see Table 5). The same pattern was reflected by the results of the study by Clarke (Clarke, 1984: 25).

One of the objectives of this paper is to assess the possibility of using child-spacing as a mechanism through which population control can be achieved as well as eradication of infant and childhood motarlity. First it has been established in

the report that according to Basotho the main objective of child-spacing is to asfeguard the health of the child. Secondly it is the conclusion of the study that Basotho respect long intervals of at least two years between births. It is also the conclusion of the report that the longer the intervals between births the fewer the ultimate number of live births that can be born within child bearing period. This implies that child-spacing is one of the channels through which population can be reduced. However, for this method of population control to be implemented nation-wide without resistance, there are a number of issues to be addressed.

First, traditional child-spacing practices have eroded. Secondly, it is evident that birth intervals are shortening. Lastly, it is also indicative in the report that if it were not because of the practice of international labour migration, birth intervals would be even shorter. But the very migrant labour system which has helped to maintain long birth intervals in Lesotho makes it difficult to capture the men who are more uninformed about modern contraception in the campaign of popularization of modern contraception. Ways have to be found whereby they can be taught about modern contraception. There is a need to find out what their attitudes are towards modern contraception. Upon such knowledge it would be much easier to come up with a better strategy which could be adopted in order to try to educate Basotho men about modern contraception in order to ensure that long intervals between births can be maintained in the future.

One other issue to be cosidered is family education for children. For a long term plan for ensuring that desired spacing between births is achieved, it is seem imperative that children have to be taught about family life at school. This is nothing new as many authors have documented this idea (Poulter et. al. 1981, Monyake 1979). It is repeated here because of its importance. While the importance of the subject is appreciated by many people, particularly decision makers, probably what is making it difficult to implement the idea is the problem of how to introduce such a subject at school without tempering with the norms of the society. The main snack is that we are not agreed as to what the content of such a course should be. The reason being that a number of issues that can be taught within the scope of family life are at variance with the norms of the Basotho society. But it is the contention of the author that a way will have to be found regarding the content of the subject and the levels at which is to be taught or else harsh means might have to be resorted to in the future when the presure of short birth intervals is felt.

Regarding eradication of infant and childhood mortality, it is documented in the paper that long intervals between births, which are favoured by Basotho, are negatively associated with infant mortality. Hence spacing children at an iterval of at least three years, coupled with the efforts of The Ministry of Health in collaboration with several Organizations to combut infant and childhood mortality, will go a long way in reducing infant mortality. The constrains facing child-spacing practices as outlined under "Prospects for child-spacing and their

implications for population growth and infant mortality" will have to be overcome before infant mortality can be adequately controlled through child-spacing.

5.2: RECOMMENDATIONS

It has been established in the report that traditional postpartum abstinence and international labour migration played an important role in making child-spacing a reality. Currently international labour migration seem to be the single most important avenue through which child-spacing is being achieved. It is also the conclusion of the study that majority of the Basotho still attach great importance to long intervals between children.

It is observed in the paper that majority of the people are either unaware or not using modern methods of achieving child-spacing. This is evidenced by a small number of people at national level who are using modern contraception. At the same time, traditional means of achieving postpartum abstinence have serious limitations. The only available device which is still effective and at the disposal of many couples is the separation of spouses through international labour migration. Current developments suggest that the effectiveness of international labour migration as a means through which child-spacing can be achieved is short lived. That is, it is becoming increasingly easier for labour migrants to visit their families as opposed to the past when migrants returned home only when their contracts expired. Moreover, the government of Lesotho is trying its level

best to come up with ways of absorbing migrant labourers within the country. This calls for other means through which the important goal of child-spacing can be achieved.

The Ministry of health is engaged in teaching the mothers the importance of the breast milk in the growth and development of a child. Prolonged child-spacing will warrant prolonged breast-feeding which the mothers are encouraged to practise. This will result in reducing infant mortality. With the serious problem that child-spacing is likely to shorten if the only method which is making it practical become ineffective, there is a need to find altenative ways of achieving prolonged child-spacing or else it might take long for infant mortality to be reduced to the levels that are acceptable to the people of Lesotho.

The 1986 population census figures have shown that the population growth rate for Lesotho is increasing despite the government's commitment to reduce the de jure population growth rate to 2% per annum. Estimates have given Lesotho a fertility rate which cannot be considered high by African standards although it is still considered high by Lesotho's decision makers. It can be deduced from privious studies that, if it were not because of international labour migration, Lesotho's fertility and growth rate would be more than what they are now.[11] It is imperative that corrective steps should be taken to provide a conducive situation for fertility and population growth to decline if the targets of Lesotho's government are to materialise.

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11. See discussion on " The Proximate Determinants of Fertility in Lesotho" 1985 by Mpiti and Kalule-Sabiti.

In order to achieve these benefits that acrue out of long intervals between births, it is recommended in this report that:-

1. Since traditional methods of child-spacing which were at the disposal of most families for practicing long birth intervals have eroded due to socio-economic changes, popularization of modern methods of child-spacing should be carried beyond the premises of LPPA.

2. Realizing that, due to lack of knowledge, Basotho men are likely to be a bottleneck in the process of implementing modern methods of child-spacing, plans should be made to make the attempts of LPPA in educating them about the importance of modern methods of child-spacing a reality.

3. There is a lot of speculation regarding what the attitudes of labour migrants are towards modern contraception as a means through which child-spacing can be achieved. For a better understanding of the situation which will lead to a proper approach in terms of educating Basotho men about contraception, there is a need to carry out a study where miners will actually be interviewed about their attitudes towards family planning and child-spacing practices. It looks preferable to make interviews in the mines because it is difficult to get miners at home.

4. Since religion is a factor that can block the rate of acceptace of modern methods of spacing children, church leaders and important personnel in the church should be engaged more so that a posibily of them disseminating the campaign through their channels of communication can be sought.

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